

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037682

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1165

STATE FILE NUMBER

VS 300  
Rev. 4/59

15117

25117

3

4 0

5 1

6

7 0

8 2

9 200.2

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J.F. Chiarot, Registrar

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Joseph**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **1621 South 12th**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1621 South 12th**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
**ALVA**

Middle  
**L.**

Last  
**COLLINGS**

4. DATE OF DEATH

Month  
**October**

Day  
**14**

Year  
**1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**11-20-1904**

9. AGE (last birthday)  
**57**

IF UNDER 1 YEAR  
Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Ruler**

10b. KIND OF BUSINESS OR INDUSTRY  
**Western Tablet Co.**

11. BIRTHPLACE (City and state or country)  
**Cainsville, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Franklin Collings**

13b. MOTHER'S MAIDEN NAME

**Cora Goins**

14. NAME OF HUSBAND OR WIFE

**Loretta Collings**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT  
Address  
**Loretta Collings 1621 South 12th City**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**malignant lymphoma, et al  
with metastasis - back**

INTERVAL BETWEEN  
ONSET AND DEATH

**4 mos.**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 1962** to **Oct 14, 1962** and last saw her alive on **9-26-62**  
Death occurred at **4:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**J.F. Chiarot, Registrar**

22b. ADDRESS

**Mrs. Bldg. St. Joseph, Mo.**

22c. DATE SIGNED

**10-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**10-17-1962**

23c. NAME OF CEMETERY OR CREMATORY  
**Mt. Olivet Cemetery**

23d. LOCATION (City, town, or county)  
**St. Joseph, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**H. O. Sidenfaden & Son**

**St. Joseph, Mo.**

25. DATE RECD. BY LOCAL REG.

**Oct. 16, 1962**

26. REGISTRAR'S SIGNATURE

**Mrs. Clark Goodell**

USE BLACK INK

OR

TYPEWRITER RIBBON

0.4

U.S. DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON, D.C. 20315